

Name: Full

Certificate of Death

Sarah Corinne Baynard

Town

County

MARYLAND

Died at *San Concord Baltimore*

Date 19 *02* *June* *30* | Age *38* | *Wid* | *Housewife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

~~Husband~~ of *Lewis Baynard*
 Wife
 Father's Name *John Haines* Mother's Maiden Name *Harriet Benlah*

Cause of Death { Primary *Cancer* | How long sick
 Immediate *Exhaustion* | Accident, Suicide, Homicide

Reported by

Address

Jas H. Ward
Andersontown

45

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Andrew Beauchamp*
 Town *Newton* County *Caroline* MARYLAND
 Died at *Newton*
 Date 19*02* Month *June* Day *10* Age *60* Y. *10* M. *8* D. *10* Native of *Md* Occupation *Millen*
 Male ☐ White ☐ Married ☐ Widow ☒ ~~Divorced~~
 Female ☒ Colored ☐ Single ☐ Widower ☐ Number of children living *5*
 Husband of *Louise Beauchamp*
 Wife *Louise Beauchamp*
 Father's Name *Levin A.* Mother's Maiden Name *Rebecca Flukarty*
 Cause of Death { Primary *Bright's* How long sick *5 Mo.*
 Immediate *Tuberculosis* 120 ~~Accident, Suicide, Homicide~~
 Reported by *J L Robt*
 Address *Boston Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Mary Butler

Town

County

MARYLAND

Died at

*Hobbs**Caroline*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 13⁰

Age

*71**Maryland**Farmer's wife*~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

none

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Indigestion

How long sick

104

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. Alex. H. Haddock

Address

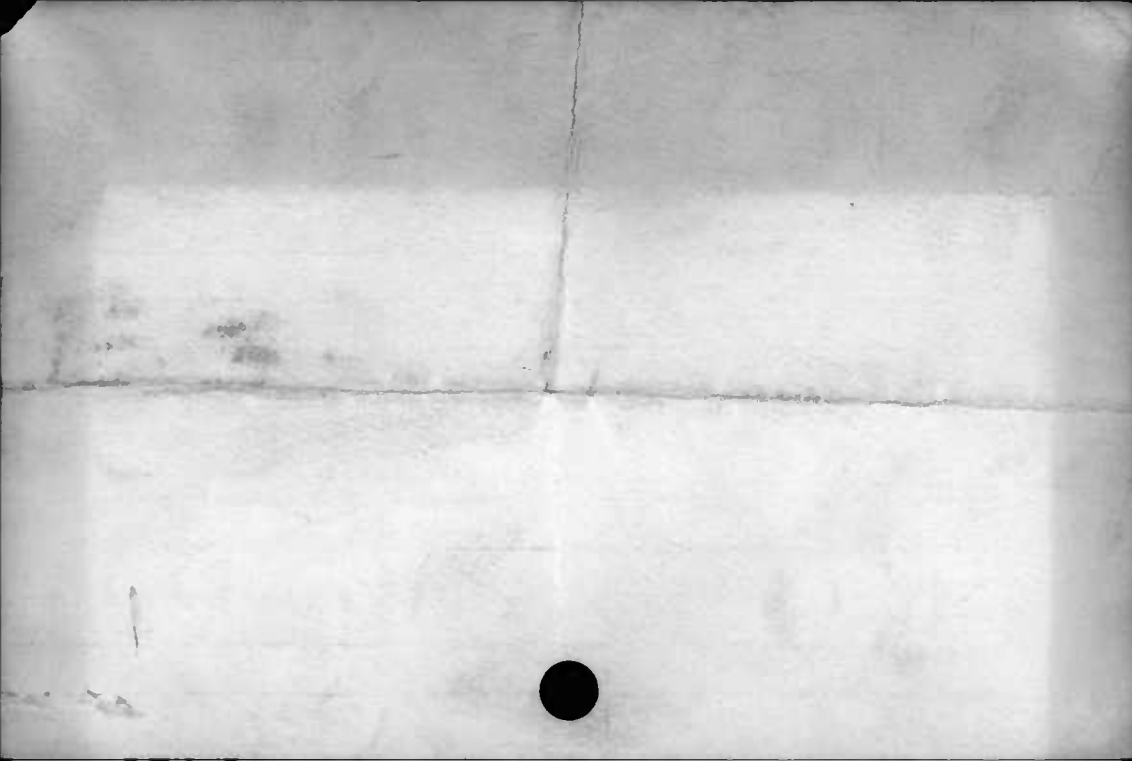
Stanton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695



Name in Full		William M. Kindy Cephas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fowling Creek</i>		Town <i>Caroline</i>		MARYLAND		
		Date of death 1902		Month <i>June</i>	Day <i>27</i>	Years	Months <i>8</i>	Days
		Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Fowling Creek Md.</i>		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name <i>Egar Cephas</i>				Father's Birthplace <i>Fowling Creek</i>		
		Mother's Maiden Name <i>Rosa Cephas</i>				Mother's Birthplace <i>" "</i>		
		Name of person giving Information				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Cholera infantum</i>				How long <i>3 days</i>		
		Immediate <i>"</i>				How long <i>"</i>		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. H. Hadaway</i>		
		Accident or Suicide?				Address <i>Fowling Creek Md.</i>		



Mary B. Emory

Town

County

Died at

MARYLAND

Date ~~189~~ 1902 June 22 Age 13 Native of Md.,
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at ^{Town} *Wes Anderson*, ^{County} *Caroline Co.*, MARYLAND

MARYLAND

Husband of

Wife

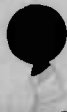
Father's Name Charles R. Gross Mother's Name Attie Lar Steinhaus

Cause of	Primary	<i>Epilepsy</i>	How long sick	<i>6 days</i>
Death	Immediate	<i>Coma</i>	Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Still-born
 Died at *near Denton* Town *Leansville* County *MARYLAND*

Date 1902 *6* Month *11* Day
 Age *_____* Y. M. D. Native of *_____* Occupation *_____*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *_____*

Husband of

Wife

Father's Name *Clarence Huey* Mother's Maiden Name *Ida Huey*

Cause of Death { Primary *_____* How long sick *_____*
 Immediate *_____* Accident, Suicide, Homicide *_____*

Reported by

Address

J. P. Mansur, M.D.
Denton Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infants Care

CERTIFICATE OF DEATH

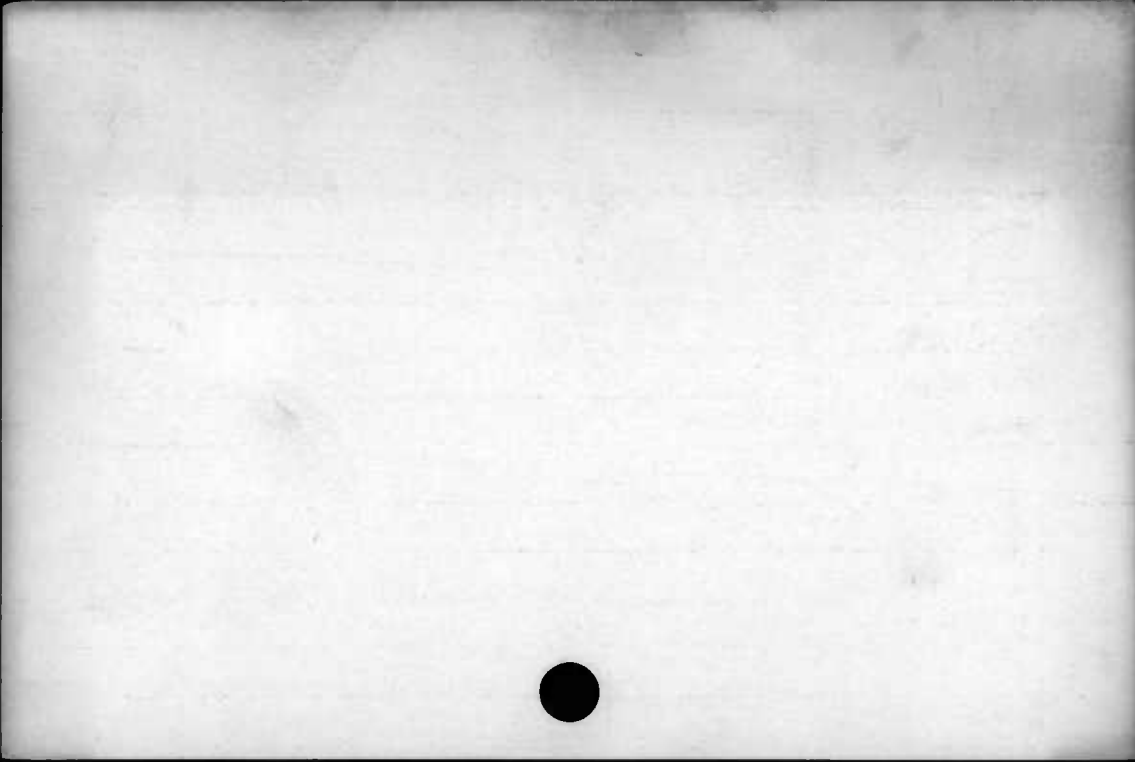
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>21</i>	Age	Months	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Denton</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>William Jones</i>			Father's Birthplace <i>Near Denton</i>		
Mother's Maiden Name <i>Leavie Anthony</i>			Mother's Birthplace <i>Near Denton</i>		
Name of person giving information <i>J. P. Manship</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>93</i>	How long <i>1 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Manship</i>
	Address <i>Denton Maryland</i>
Accident or Suicide?	



Name in Full

Certificate of Death

James M. Knotts
 Died at ^{Town} Bridgetown ^{County} Caroline Co. MARYLAND
 Date 1902 ^{Month} June ^{Day} 9 | ^{Age} 65-~~17~~ | ^{Y.} ^{M.} ^{D.} Ind. | ^{Occupation} Carpenter
 Male White Married ~~Widow~~ Divorced
~~Female~~ Colored Single ~~Widower~~ Number of children living 8
 Husband of Juliette B. Knott
 Father's Name Johnathan Knott Mother's Name Mary Anna Tolson
 Cause of Death { Primary Neuralgia of Heart & Stomach for 12 years 2 1/2 months
 Immediate Acute Pulmonary Emphysema
 How long sick 2 1/2 months
 Accident, Suicide, Homicide
 Reported by Walter H. Fenby
 Address Ruthsburg, Md. 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Mary Ellen Lockman
 Died at *near Grantsboro* Town *Caroline* County *MARYLAND*

Date 19 *02* Month *6* Day *11* Age *50* Y. M. D. Native of *Md.* Occupation *Housewife*
~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *Amos Allen Lockman*
 Wife

Father's Name *Edward Thomas* Mother's Maiden Name

Cause of Death { Primary *La Grippe* Immediate *Consumption* } *27*
 How long sick *Three months*
 Accident, Suicide, Homicide

Reported by *Geo. W. Belton*
 Address *Grantsboro Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Blanche Moore

Died at ^{Town} Hillsboro ^{County} Caroline MARYLAND

Date	1902	Month	June	Day	15	Age	Y.	M.	D.	Native of	Occupation
Male		White		Married		3		2		md	
Female		Colored		Single						Widow	
											Number of children living

Husband
of
Wife

Father's Name	Mother's Maiden Name
John Moore	Carrie Hermer

Cause of Death	Primary	Immediate	How long sick
	Whooping cough.	Consolidation of lung	Two months
			Accident, Suicide, Homicide

Reported by W H F Muller md

Address Hillsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Mary Adeline Pitchett.

Died at Jamptown Caroline County MARYLAND

Date 1902 6 - 24 Month Day Y. M. D. Age 60 - Native of Maryland Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 6

Husband of Medford Pitchett -
 Father's Name Nathan Clark Mother's Maiden Name Mary Cooper

Cause of Death { Primary Phtthisis - Eight months
 Immediate Exhaustion - 27 } How long sick
Accident, Suicide, Homicide

Reported by Dr. J. L. Stone
 Address Ridgeley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jeunplovu

Name in Full

Certificate of Death

Merril Sands

Town

County

Died at

near Hayward

Caroline

MARYLAND

Date 1902

June 6

Age

Y.

M.

D.

Native of

Md

Occupation

—

Male

White

Married

Widow

Divorced

FemaleColoredSingleWidower

Number of children living

Husband

of

Wife

Father's

Name

John Sands

Maiden Name

Mother's

Grace E McGhie

Cause of

Primary

How long sick

5 weeks

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

J L Roberts

Address

Information by Boat. Pristyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Matthew Sany.

Town

County

Died at

Denton

Caroline

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2 June 18

Age

69 - -

Md

Farming

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

9

Husband

of

Wife

Father's

Name

Cause of

Primary

Heart Disease & Bright's

Death

Immediate

Same

Mother's

Name

Mary Sany

How long sick

4 months

~~Accident, Suicide, Homicide~~

Reported by

P. R. Fisher

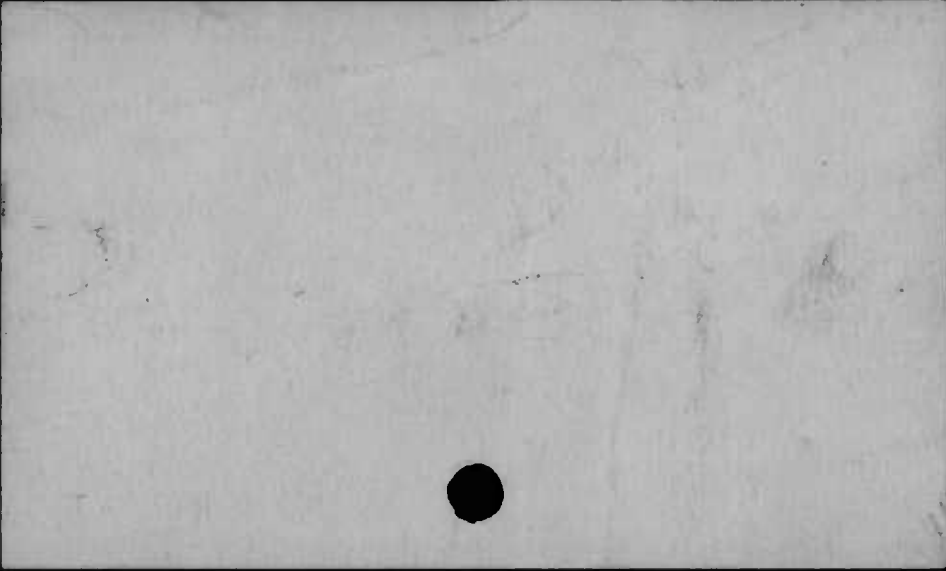
Address

Denton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Sarah Thomas

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

June 4

Age

Md.

Housework

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

~~Hubbard~~

of

Wife

Father's

Name

Aaron Thomas

Mother's

Name

Pennington

Cause of

Primary

Chronic Constipation

How long sick

6 months

Death

Immediate

Inflammation of Bowels

Accident, Suicide, Homicide

Reported by

Address

J. C. Madara
Ridgely

Md.

✓



Name in Full

Certificate of Death

None

Town

County

MARYLAND

Died at

Hillsboro

Caroline

Month Day

Y. M. D.

Native of

Occupation

Date 1902

June 20

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Stanford

Mother's

Maiden Name

Hester Jenkins

Cause of

Primary

Death

Immediate

Premature

How long sick

Lived one hour

Accident, Suicide, Homicide

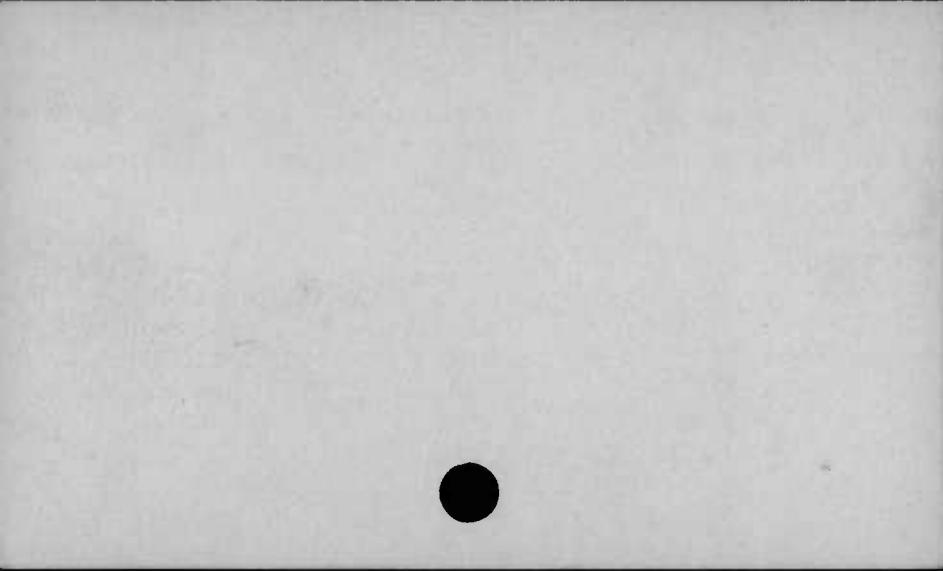
Reported by

W H + Miller

Address

Hillsboro. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1908

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Celia Anna Whitley

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Female

White

Colored

Married

Single

Widow

Widower

Number of children living

7

Alrx Whitley

Charles Connolly

Maiden Name

Celia Anna Connolly

Primary

Immediate

Lungrippe 10

exhaustion

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

J. L. Cobb

Md
Preston Md



Name in Full		Elias M. Williamson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Milliston		^{County} Caroline		MARYLAND			
		Date of death 1907	Month June	Day 18	Age 80	Years	Months -	Days -	
		Sex Male	Color or Race white		Birth-place Maine				
		Married, Single or Widowed Married		Occupation Farmer & Contractor					
		Name of Wife or Husband							
		Father's Name		47		Father's Birthplace Maine			
		Mother's Maiden Name				Mother's Birthplace Maine			
Name of person giving Information		Wm R. Hinkle		How related to deceased		Son in Law			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Rheumatism			How long Same time				
		Immediate Heart failure			How long 3 months				
		Are the name, age, sex, color, date and place correctly given above? No			Signature of Physician Enoch Leonguell D				
					Address Wether Mayfield				
Accident or Suicide?		No							

